

Application for a New North Carolina Sleep Products Sanitizer's License

Sleep Products Section

North Carolina Department of Agriculture & Consumer Services, Structural Pest Control & Pesticide Division

Company Name		Registration Number
Street Address (Box Number, Street Address, Rural Route, or Other)		
City, State, Zip (City, Town or Post Office, State and Zip Code)		
Plant Location		County
Contact Person (Name and Title)		
Telephone Number	Fax Number	E-mail Address

To determine the estimated fee for the remainder of this calendar year, select the quarter that you began sanitizing sleep products in North Carolina. If you are applying for the purpose of beginning production or sales upon receipt of your license, select the quarter the application is being submitted. (Make only one choice)

1 st Quarter	January through March	\$720.00 _____
2 nd Quarter	April through June	\$540.00 _____
3 rd Quarter	July through September	\$360.00 _____
4 th Quarter	October through December	\$180.00 _____

*This is to certify that I have examined this application and
have determined that the information contained therein is correct:*

Signed: _____ Date: _____
Chief Financial Officer

Name Printed: _____ Federal Tax ID Number/EIN: _____
(required)

Make checks payable to: SLEEP PRODUCTS SECTION

Mail check, application and sample law label to: SLEEP PRODUCTS SECTION
NCDACS, STRUCTURAL PEST CONTROL & PESTICIDE DIVISION
1631 MAIL SERVICE CENTER
RALEIGH NC 27699-1631

FOR OVERNIGHT DELIVERIES MAIL TO: SLEEP PRODUCTS SECTION
NCDACS, STRUCTURAL PEST CONTROL & PESTICIDE DIVISION
ROOM 208, 3825 BARRETT DRIVE
RALEIGH NC 27609

**PLEASE BE ADVISED THAT A SERVICE CHARGE OF \$25.00 WILL BE CHARGED ON
ALL RETURNED CHECKS.**

For more information, please contact: Sleep Products Section
Phone: 919-571-4814, Fax: 919-571-4967
<http://www.ncagr.gov/SPCAP/sleep/>